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2021 DEC 10 AM 11:51

U.S. DISTRICT COURT
DISTRICT OF MASS.

Attachment from Complaint Page 5 of 11 (D).
"What are the facts underlying your claims."

Wellpath

Patient Medical, Dental, and Mental Health Grievance & Appeal Form

Facility: <u>MCT Concord</u>	Housing Unit: <u>L-1</u>	Check level: Grievance to HSA <input checked="" type="checkbox"/> Appeal to wellpath <input type="checkbox"/>
Patient First Name: <u>LOMAR</u>	ID#: <u>W113847</u>	
Patient Last Name: <u>BRISON</u>	Date of Birth: <u>10/8/90</u>	

You are required to bring medical, dental and mental health grievances to the attention of the HSA or designee through one of the following informal means before submitting a formal grievance.

Please indicate:

- Have you submitted a sick slip about the issue described?
 Have you attended Staff Access?
 Have you spoken to the HSA or DON?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Please read the following carefully:

Step 1: Completed medical, dental and mental health grievance forms may be submitted directly to the Health Services Administrator (HSA), DON, or institution protocol. In special management units, forms may be handed to rounding healthcare staff.

Step 2: You may appeal the grievance decision as follows:

- Utilize the same form to complete an appeal.
- An appeal must be postmarked within 10 business days from the grievance decision receipt.
- The appeal must be filed directly with the Wellpath Grievance and Appeal Administrator, by sending it to:

Wellpath
 16 Chestnut Street
 Suite 250
 Foxborough, MA 02035
 Attn: Appeals

The decision of the Wellpath Grievance and Appeal Administrator is final.

Summary of Complaint (Details Must Be Described in This Area - attach additional sheets if necessary):

MEDICAL ☒ DENTAL ☐ MENTAL HEALTH ☐

I missed a scheduled follow-up appointment after my surgery on my hand. Due to the missed appointment caused my hand to get infected while rods were inside my hand (metal).

Remedy Requested (Must Be Detailed in This Area - attach additional sheet if necessary):

I would like physical therapy due to the fact I'm in constant pain & I can not close my hand to make a fist due to the fact my hand got infected while metal was inside my hand.

Patient Signature:

Camara Brison

Date:

5/14/21

Healthcare Staff ONLY:

Date Received:

5/14/21

Staff Recipient:

Monica Davis

Routed To:

MSB

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF CORRECTION

MEDICAL/MENTAL INMATE GRIEVANCE FORM FORWARD TO THE HEALTH SERVICE ADMINISTRATOR

Name BRISON LAMAR Grievance# 113355 Institution MCI CONCORD

Commit No. W113847 Housing L-1 Date Of Incident 20210514 Date Of Grievance 20210514

Informal filed Yes

Complaint "I Missed a scheduled follow-up appointment after my surgery on my hand. Due to the missed appointment caused my hand to get infected while Rods were inside my and(Metal) "

Remedy Requested "I would like physical Therapy due to the fact I'm in constant pain & I can not close my hand to make a fist Due to the fact my hand got infected while metal was inside my hand."

Staff Recipient Smith Therese E Health Services Administrator

Staff Involved _____

Signature _____

RECEIPT BY THE HEALTH SERVICE ADMINISTRATOR

Date Received 20210519 Decision Date 20210528

Signature Smith Therese E Health Services Administrator

Final Decision DENIED

Decision Mr. Brison,
I am in receipt of your grievance dated 5/14/21 and received on 5/19/21. In your grievance you are requesting physical therapy for your hand. I do not see that you have discussed physical therapy with the provider and there is currently not a referral for physical therapy in place. I have scheduled you fpr a follow up with the provider at this appointment you can discuss if physical therapy is indicated. Thank you for your correspondence.

Signature Therese Smith PW HSA Date 5/28/21

An appeal must be filed out within 10 working days from receipt of the decision by the HSA or designee. An inmate/patient may file an appeal directly with the Medical Grievance and Appeal Coordinator, by sending it to:

INMATE RECEIPT

Name BRISON LAMAR Institution MCI CONCORD

Commit No. W113847 Grievance# 113355 Date Received 20210519

Signature. Smith Therese E Health Services Administrator

Wellpath

Patient Medical, Dental, and Mental Health Grievance & Appeal Form

Facility: MCF CONCORD	Housing Unit: L-7	Check level:
Patient First Name: LAMAR	ID#: W113847	Grievance to HSA <input type="checkbox"/>
Patient Last Name: BRISON	Date of Birth: 10/8/90	Appeal to Wellpath <input checked="" type="checkbox"/>

You are required to bring medical, dental and mental health grievances to the attention of the HSA or designee through one of the following informal means before submitting a formal grievance:

Please indicate:

Have you submitted a sick slip about the issue described?

Yes ☐

No ☐

Have you attended Staff Access:

Yes ☐

No ☐

Have you spoken to the HSA or DON?

Yes ☐

No ☐

Please read the following carefully:

Step 1: Completed medical, dental and mental health grievance forms may be submitted directly to the Health Services Administrator (HSA), DON, or institution protocol. In special management units, forms may be handed to rounding healthcare staff.

Step 2: You may appeal the grievance decision as follows:

- Utilize the same form to complete an appeal.
- An appeal must be postmarked within 10 business days from the grievance decision receipt.
- The appeal must be filed directly with the Wellpath Appeal Coordinator, by sending it to:

Wellpath
16 Chestnut Street
Suite 250
Foxborough, MA 02035
Attn: Appeal Coordinator

The decision of the Wellpath Appeal Coordinator is final.

Summary of Complaint (Details Must Be Described In This Area - attach additional sheets if necessary):

MEDICAL ☒

DENTAL ☐

MENTAL HEALTH ☐

I had a follow-up appointment after I had surgery on my hand. I was never brought to the appointment. Due to the missed appointment, my hand got infected while metal rods were inside of my hand/knuckles. I had green fluids coming from the wound, where the rods were.

Remedy Requested (Must Be Detailed In This Area - attach additional sheets if necessary):

I would like physical therapy due to the fact I'm constant pain with numbness around & on top of the scar where the rod/wires were inserted. I can not close my hand to make a close fist, due to the fact my hand got infected while metal was inside my hand.

Patient Signature:

Date:

Lamar Brison

6/3/21

Healthcare Staff ONLY:

Date Received: 6/9/21	Staff Recipient: <i>[Signature]</i>	Routed To: <i>[Signature]</i>
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COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
MEDICAL/MENTAL INMATE GRIEVANCE APPEAL FORM
FORWARD TO THE GRIEVANCE APPEALS CORRDINATOR

Commit Name: BRISON LAMAR

Commit #: W113847

Grievance #: 113355

Date Of Grievance: 20210514

Institution: MCI CONCORD

Housing: L-1

Appeal Date: 20210604

Appeal Received Date: 20210609

Current Institution: MCI CONCORD

Current Housing: L-1

Appeal "I had a follow-up appointment after i had surgery on my hand. I was never brought to the appointment. An Due to the missed appointment, MY hand got infected While Metal Rods were inside of MY hand/ knuckles. I had Green fluids coming from the wound where the rods were."

Remedy Requested 'I would like physical therapy due to the fact im constant pain with numbness around & on top of the scar where the rod / wires where inserted. I can not close my hand to make a close fist, Due to the fact my hand got infected while metal was inside my hand."

Staff Recipient Smith- Therese E Health Services Administrator

Signature

DECISION BY GRIEVANCE APPEALS COORDINATOR

Appeal Received Date 20210609

Decision Date 20210609

Decision APPROVED

Decision By Black Sholudko Lisa A Health Services Administrator

Reasons Mr. Brison,
Signature I received your appeal for grievance #113355 postmarked 6/4/21, on 6/9/21. In your appeal, you request a Physical Therapy consultation for your hand.

I reviewed your health record and noted that you saw a provider on 6/8/21 to discuss your request. At that time, the provider submitted a request for consultation to the Physical Therapist (PT). The PT will schedule your appointment, for the next available appointment time. Please note that there are many patients in the queue and it may take a while for you to be seen. Your request/appeal is approved, as your provider has requested a PT consultation for you. Please continue to work with your provider and submit a sick slip to have your needs addressed, as needed. Thank you for your correspondence.

Lisa Black Sholudko

Date

6/9/21

INMATE RECEIPT

Inmate's Name BRISON LAMAR

Institution MCI CONCORD

Number W113847

Appeal Received Date 20210609

Staff Recipient Smith Therese E Health Services Administrator

Superintendent's Signature

COMPLAINT ATTACHMENT (D)

"Facts"
Page 1 of 3

1. On the 3rd of March 2021 the Plaintiff, Mr. Lamar Brisson, ("Mr. Brisson") was an inmate confined in a Massachusetts Department of Corrections at "Concord" when consequently suffered substantial hand injuries to his right hand that included two knuckles, after an altercation with another inmate.
2. Since Mr. Brisson was, and is, an inmate in DOC under a State conviction Mr. Brisson was assessed by employees employed by Defendant Wellpath/Conmed, LLC in the Prison's Health Service Unit ("HSU").
3. The sight of the obvious disfigurement to Mr. Brisson's right hand and his inability to mobilize his fingers was clear indication to a medically-trained eye that his hand/knuckles were broken; or fractured at the minimum.
4. Mr. Brisson verbally, and in duress, complained to Wellpath/Conmed, LLC nursing employees at this moment of medical assessment that he was in serious physical pain.
5. Nursing employees, however, cleared Mr. Brisson to medically be placed in isolation following the physical altercation. Mr. Brisson was not considered or order to an outside medical facility or hospital by Wellpath/Conmed, LLC at this time for emergency x-ray studies or any extensive medical care for his clear disfigurement to his right hand.
6. Wellpath/Conmed, LLC awaited almost 72 to 96 hours before providing Mr. Brisson with ~~any~~ adequate medical services, which were x-rays by a mobile technician done at the Prison.
7. These x-rays immediately proved Mr. Brisson's disfigurement to his right hand/knuckles were abnormal in two knuckles were broken.

COMPLAINT ATTACHMENT (D)

Page 2 of 3

8. The result of these x-ray studies were immediately reviewed by Defendant Diana Garcia ("Def. Garcia") as WellPath/Conmed, LLC policy implies to be done. Def. Garcia was at that time WellPath's/Conmed, LLC "on-site" designated-provider as a Nurse Practitioner ("NP").

9. Def. Garcia awaited almost another 72 to 96 hours before medically ordering Mr. Brisson for transportation to a surgeon in the community to have a procedure on his broken knuckles. This was done on the 11th of March 2021.

10. The outside surgeon ordered Defendant WellPath/Conmed, LLC to return Mr. Brisson to his office in two weeks for medical follow-up from March 11, 2021.

11. According to DOC collaborative policy with Defendant WellPath/Conmed, LLC the Prison's Director of Nursing or Health Service Administrator (DON) (HSA) are to coordinate outside medical appointments including "follow-ups" unless an emergency exist. At which point the inmate is ordered by the designated on-site provider for transportation to the Emergency Department for urgent care.

Defendant Terry ("Def. Terry") was WellPath's/Conmed, LLC designated Health Service Administrator (or DON) for Concord's Health Service Unit at that time.

12. Defendant Terry did not coordinate or schedule Mr. Brisson's surgeon's order for a two week (following March 11, 2021 surgery) follow-up.

13. As a direct result of Def. Terry's individual medical decision not to coordinate Mr. Brisson's two week follow-up with his surgeon he was denied the adequate medical services he is entitled to as a third-party to the contracted agreement WellPath/Conmed, LLC has with the State Mr. Brisson is an inmate in.

14. Mr. Brisson's follow-up would have been either the third or fourth week of March 2021 had Def. Terry coordinated that follow-up.

COMPLAINT ATTACHMENT (D)

Page 3 of 3

15. A week or so after his missed follow-up Mr. Brisson was assessed by Def. Garcia in the Prison's HSC along with a provider via telehealth-conference where Mr. Brisson cast was cut off that he had sealed from surgery.
16. The provider via telehealth conference, in consultation with Def. Garcia determined Mr. Brisson had an acute infection to the injury site.
17. Def. Garcia was also soundly aware Def. Terry had not coordinated Mr. Brisson's follow-up with his surgeon. However, despite having knowledge of that delay in his medical care by not following-up with his surgeon and the instant infection before her, Def. Garcia still failed to correct Mr. Brisson's unreasonable delay in his medical care with his surgeon.
18. In fact it wasn't until weeks after this assessment and removal of the cast that Def. Garcia ordered Def. Terry to coordinate a transfer with security so Mr. Brisson could be assessed by his surgeon's staff at an off-site facility.
19. Essentially, it wasn't until April 2021 that Defendant Wellpath/Conmed, LLC provided Mr. Brisson with access to the off-site providers when he had K wiring surgically removed.
20. Inasmuch Defendant Wellpath's/Conmed, LLC breach of contract; Def. Terry and Def. Garcia's overall unnecessary delay in Mr. Brisson's pre-surgery and post-surgery serious medical needs resulted in Mr. Brisson being an injured third-party to the Wellpath/Conmed, LLC contract with the State to which Mr. Brisson is confined; and Mr. Brisson suffering the obvious physical pain and mental anguish that was preventable, unnecessary, and unwanted.
21. Mr. Brisson's delay in pre-surgery and post-surgery by all three defendants' inactions in their individual and official capacities as Wellpath/Conmed, LLC employees causes Mr. Brisson to continue to suffer from, and with nerve damage; involuntary limb movement; and physical pains he continue to seek medical treatment, care, and rehabilitation for.